

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)  
Civil Action No. 12-5848

**PROOF OF SERVICE**

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Wheeler v. Capital One Services et. al  
was received by me on (date) October 15, 2012

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
\_\_\_\_\_ on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Certified Mail Return Receipt  
Requested

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 10/25/12

Simone Rayo  
Server's signature  
McCullough Eisenberg, LLC  
Printed name and title  
65 W. Street ROAD  
Warminster, PA 18974  
Server's address

Additional information regarding attempted service, etc:

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <b>Capital One Services</b> <b>32275 32ND Avenue S.</b> <b>Federal Way, WA</b> <b>98010</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<b>7010 3090 0000 5761 9170</b>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-15	

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our web site at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Postage	\$ <b>55.00</b>
Certified Fee	\$ <b>2.75</b>
Return Receipt Fee (Endorsement Required)	\$ <b>2.75</b>
Restricted Delivery Fee (Endorsement Required)	\$ <b>0.00</b>
Total Postage & Fees	\$ <b>60.50</b>
<b>7010 3090 0000 5761 9170</b>	
Sent To <b>Capital One Services</b> Street, Apt. No., or PO Box No. <b>32275 32ND Avenue S</b> City, State, ZIP+4 <b>Federal Way, WA 98010</b>	
PS Form 3800, August 2006 See Reverse for Instructions	